## REVOCATION FORM FOR REMOVING CONSULTANTS AS AUTHORIZED RP AGENTS

		FACILITY GLOBAL	ID #:	
SITE OWNER, OPERATOR, OR RESPONSIBLE PERSON AND ADDRESS::				
FACILITY/ LEAK SITE ADDRESS:	CITY	STATE	E ZIP C	ODE
The above identified responsible person does hereby revoke the access authorization for:				
DESIGNATED AUTHORIZED REPRESENTATIVE NAME:				
COMPANY NAME:				
COMPANY ADDRESS	CITY	STATE	ZIP CODE	
to upload electronic data to the GeoTracker database of analytical and survey data pertaining to the site identified above.				
This Revocation of Authority for designation of a representative shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named responsible person.				
EXECUTED THI	S DAY	Y OF	, 20	
ADDRESS				
RESPONSIBLE PERSON	SIGNATURE	PHONE NUMBI	ER	
RESPONSIBLE PERSONS	S PRINTED NAME	_		

Mail or FAX to:
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Waterboards
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Sacramento, CA 95812
FAX: (916) 341-5808